



Journal of the Senate

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CALL TO ORDER

The Senate was called to order by President McKay at 3:00 p.m. A quorum present—39:

Mr. President	Garcia	Posey
Brown-Waite	Geller	Pruitt
Burt	Holzendorf	Rossin
Campbell	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise

Excused: Senator Laurent

PRAYER

The following prayer was offered by Senator Wasserman Schultz:

Dear Lord, again we turn our faces to you, as we have so many times before and pray for the wisdom, courage and strength to keep us from forgetting the ideals and principles upon which this great nation and this great state were founded.

We have been through trying times, Lord, and we are weary, but with your guidance, we will persevere, as Americans and Floridians always do.

American character and the American spirit bind us, as Frances Wright, a Scottish born, U.S. commentator said in 1818. "It is impossible for a people to be more completely identified with their government than are the Americans." In considering it, they seem to feel, "It is ours, we have created it and we support it; it exists for our protection and service; it lives as the breath of our mouths; and, while it answers the ends for which we decreed it, so long shall it stand, and nought shall prevail against it."

Our respective traditions teach us that we shouldn't forget those that all others have forgotten—and particularly in the midst of the task we have been brought here to complete, we cannot neglect those who need us the most. The Twelfth Psalm is clear in this regard and goes so far as to assume the voice of the Lord:

"Now," says the Eternal One, "I will bestir myself for the poor and the oppressed, for the needy who groan. I will grant them the help for which they plead."

As you watch over us, help us to watch over Florida, as our constituents sent us here to do. As we try to make seemingly impossible decisions, help us to look out for each other, to remember that each of us comes from a different place, physically and spiritually.

As we finish the task before us, help us in turn to face the next one—one which will challenge us to stare our ambition in the face and resist it, favoring what is best overall for the State of Florida and its noble citizens, rather than ourselves as individuals or as partisans.

Finally Lord, help us to perpetuate the traditions for which the Florida Senate has proudly stood. Help us to remember that when we look out for each other, when we regard each other with the respect and dignity that this chamber has come to embody, Florida is better served and we are better Floridians.

Even as you guide our hand here at home, we ask that you protect the innocents living in the midst of strife in the Middle East. Protect both the children of Isaac and the children of Ishmael—we pray that one day they too will live in peace.

In the trying days and weeks, months and perhaps years to come O Lord, we humbly ask your guidance and blessing and for the strength to persevere. Please show all of those who seek you, all of those that look for you in countless different ways, that, indeed, your "ways are pleasant ways and all your pathways lead to peace." Amen.

PLEDGE

Senator Futch led the Senate in the pledge of allegiance to the flag of the United States of America.

COMMUNICATION

The Honorable John M. McKay, President
The Florida Senate

December 3, 2001

Dear Mr. President:

In compliance with Article III, Section 19(d) of the Constitution and Joint Rule 2, copies of the Appropriations Conference Committee Reports on **CS for SB 2-C** and **CS for SB 4-C** have been furnished to each member of the Legislature, the Governor, the Chief Justice of the Supreme Court and each member of the Cabinet.

Delivery was completed December 3, 2001 at 8:15 a.m., EST.

Respectfully submitted,
Faye W. Blanton, Secretary

MESSAGES FROM THE HOUSE OF REPRESENTATIVES

FIRST READING

The Honorable John M. McKay, President

I am directed to inform the Senate that the House of Representatives has adopted HCR 79-C and requests the concurrence of the Senate.

John B. Phelps, Clerk

By Representative Byrd—

HCR 79-C—A concurrent resolution authorizing use of the Chamber of the House of Representatives on December 4, 2001, for an assembly commemorating the National Day of Reconciliation.

—was read by title.

On motions by Senator Smith, by unanimous consent, **HCR 79-C** was taken up out of order and by two-thirds vote read the second time an full, adopted and certified to the House.

SPECIAL ORDER CALENDAR

Consideration of **SB 34-C**, **SB 38-C**, **SB 40-C**, **CS for SB 42-C**, **SB 32-C**, **CS for SB 36-C**, **SB 30-C**, **SB 44-C** and **SB 46-C** was deferred.

SB 6-C—A bill to be entitled An act relating to terrorism; creating s. 775.30, F.S.; defining “terrorism” for purposes of the Florida Criminal Code; providing for pretrial detention of persons charged with an act of terrorism; providing an effective date.

—was read the second time by title.

Senator Smith moved the following amendment which was adopted:

Amendment 1 (255718)—In title, on page 1, line 4, delete that line and insert: of the Florida Criminal Code; amending s. 907.041, F.S.; providing for

On motion by Senator Brown-Waite, by two-thirds vote **SB 6-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—37

Mr. President	Geller	Rossin
Brown-Waite	Holzendorf	Sanderson
Burt	King	Saunders
Campbell	Klein	Sebesta
Carlton	Latvala	Silver
Clary	Lawson	Smith
Constantine	Lee	Sullivan
Cowin	Meek	Villalobos
Crist	Miller	Wasserman Schultz
Diaz de la Portilla	Mitchell	Webster
Dyer	Peaden	Wise
Futch	Posey	
Garcia	Pruitt	

Nays—None

Vote after roll call:

Yea—Dawson, Jones

SB 8-C—A bill to be entitled An act relating to sentencing; creating s. 775.31, F.S.; providing for the reclassification of offenses the commission of which facilitated or furthered any act of terrorism; defining the term “terrorism”; amending s. 782.04, F.S.; including any felony that is an act of terrorism or is in furtherance of an act of terrorism as a qualifying offense under the felony murder provisions; creating the crime of felony murder involving any felony that is an act of terrorism or is in furtherance of an act of terrorism; defining the term “terrorism”; providing an effective date.

—was read the second time by title. On motion by Senator Brown-Waite, by two-thirds vote **SB 8-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Dawson	Latvala
Brown-Waite	Diaz de la Portilla	Lawson
Burt	Dyer	Lee
Campbell	Futch	Meek
Carlton	Garcia	Miller
Clary	Geller	Mitchell
Constantine	Holzendorf	Peaden
Cowin	King	Posey
Crist	Klein	Pruitt

Rossin	Silver	Wasserman Schultz
Sanderson	Smith	Webster
Saunders	Sullivan	Wise
Sebesta	Villalobos	

Nays—None

Vote after roll call:

Yea—Jones

SB 24-C—A bill to be entitled An act relating to domestic security; amending s. 252.311, F.S.; providing legislative intent with respect to counter-terrorism efforts and initial responses to acts of terrorism within or affecting this state; amending s. 943.03, F.S.; requiring the Department of Law Enforcement to coordinate and direct the response to acts of terrorism; requiring the executive director of the department to serve as or designate a Chief of Domestic Security Initiatives; creating s. 943.0311, F.S.; specifying duties of the Chief of Domestic Security Initiatives; requiring the chief to conduct security assessments of buildings and facilities owned or leased by state agencies or local governments; requiring that the chief recommend minimum security standards or needs for security enhancement to the Governor and the Legislature; requiring the chief to develop recommended best practices for safety and security; authorizing security assessments of buildings or facilities owned by private entities; requiring the executive director of the department to submit recommendations concerning security to the Governor and the Legislature; creating s. 943.0312, F.S.; requiring the Department of Law Enforcement to establish a regional domestic security task force in each of the department’s operational regions; providing for membership of the task forces; providing duties of the task forces with respect to coordinating training and the collection of investigative and intelligence information; requiring the Chief of Domestic Security Initiatives to recommend funding and training requirements to the Governor and the Legislature; requiring the regional task forces to provide for investigating and responding to certain hate crimes; providing for per diem and travel expenses; requiring the department to provide staff and administrative support for the task forces; creating s. 775.30, F.S.; defining the term “terrorism” for purposes of the Florida Criminal Code; providing an effective date.

—was read the second time by title.

Senator Crist moved the following amendments which were adopted:

Amendment 1 (440988)(with title amendment)—On page 2, line 19, through page 4, line 13, delete those lines and redesignate subsequent sections.

And the title is amended as follows:

On page 1, lines 2-6, delete those lines and insert: An act relating to domestic security; amending s. 943.03,

Amendment 2 (613630)(with title amendment)—On page 5, between lines 3 and 4, insert:

Section 3. Section 943.0310, Florida Statutes, is created to read:

943.0310 The Legislature finds that with respect to counter-terrorism efforts and initial responses to acts of terrorism within or affecting this state, specialized efforts of emergency management that are unique to such situations are required and that these efforts intrinsically involve very close coordination of federal, state, and local law enforcement agencies with the efforts of all others involved in emergency-response efforts. In order to best provide this specialized effort with respect to counter-terrorism efforts and responses, the Legislature has determined that such efforts should be coordinated by and through the Department of Law Enforcement, working closely with the Division of Emergency Management and others involved in preparation against acts of terrorism in or affecting this state, and in the initial response to such acts.

(Redesignate subsequent sections.)

And the title is amended as follows:

On page 1, line 12, delete that line and insert: Initiatives; creating s. 943.0310, F.S.; providing legislative intent with respect to counter-terrorism efforts and initial responses to acts of terrorism within or affecting this state; creating s. 943.0311, F.S.;

SENATOR CARLTON PRESIDING

On motion by Senator Crist, by two-thirds vote **SB 24-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—37

Brown-Waite	Geller	Rossin
Burt	Holzendorf	Sanderson
Campbell	Jones	Saunders
Carlton	King	Sebesta
Clary	Latvala	Silver
Constantine	Lawson	Smith
Cowin	Lee	Sullivan
Crist	Meek	Villalobos
Dawson	Miller	Wasserman Schultz
Diaz de la Portilla	Mitchell	Webster
Dyer	Peaden	Wise
Futch	Posey	
Garcia	Pruitt	

Nays—None

Vote after roll call:

Yea—Klein

SB 26-C—A bill to be entitled An act relating to domestic security; creating s. 775.30, F.S.; defining the term “terrorism” for purposes of the Florida Criminal Code; creating s. 943.0321, F.S.; creating the Florida Domestic Security and Counter-Terrorism Intelligence Center within the Department of Law Enforcement; creating the Florida Domestic Security and Counter-Terrorism Database within the intelligence center; providing functions of the intelligence center with respect to gathering and analyzing active criminal intelligence information and criminal investigative information; requiring the intelligence center to maintain and operate the database; providing requirements for the database; requiring that the Department of Law Enforcement establish methods for providing information from the database to law enforcement agencies and prosecutors; providing that information that is exempt from public disclosure and is released to another agency or prosecutor by the intelligence center retains such exemption; providing that information that is exempt from public disclosure and is obtained by the intelligence center retains such exemption; providing an effective date.

—was read the second time by title. On motion by Senator Crist, by two-thirds vote **SB 26-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Brown-Waite	Geller	Pruitt
Burt	Holzendorf	Rossin
Campbell	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise
Garcia	Posey	

Nays—None

SB 12-C—A bill to be entitled An act relating to the interception of communications; amending s. 934.07, F.S.; adding aircraft piracy to the list of crimes for which interception of communications may be authorized; adding solicitation to commit certain offenses to the list of crimes for which interception of communications may be authorized; authorizing application for interception by the Department of Law Enforcement of certain communications relevant to offenses that are acts of terrorism

or in furtherance of acts of terrorism; amending s. 934.09, F.S.; allowing a judge, in investigations of acts of terrorism, to authorize the continued interception anywhere within the state of wire, oral, or electronic communications under specified conditions; providing for the future expiration of provisions granting such authority; providing effective dates.

—was read the second time by title. On motion by Senator Brown-Waite, by two-thirds vote **SB 12-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—37

Brown-Waite	Holzendorf	Rossin
Burt	Jones	Sanderson
Campbell	King	Saunders
Carlton	Klein	Sebesta
Clary	Latvala	Silver
Constantine	Lawson	Smith
Cowin	Lee	Sullivan
Crist	Meek	Villalobos
Dawson	Miller	Wasserman Schultz
Diaz de la Portilla	Mitchell	Webster
Dyer	Peaden	Wise
Futch	Posey	
Garcia	Pruitt	

Nays—None

CS for SB 10-C—A bill to be entitled An act relating to poisoning; amending s. 859.01, F.S.; prohibiting the introduction or addition of any poison, or the introduction, addition, or mingling of any bacterium, radioactive material, virus, chemical compound, or specified products into food, drink, medicine, or water systems under certain circumstances; providing penalties; amending s. 921.0022, F.S., to conform to changes made by the act; providing an effective date.

—was read the second time by title. On motion by Senator Brown-Waite, by two-thirds vote **CS for SB 10-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Brown-Waite	Geller	Pruitt
Burt	Holzendorf	Rossin
Campbell	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise
Garcia	Posey	

Nays—None

CS for SB 16-C—A bill to be entitled An act relating to public records and meetings; creating s. 119.107, F.S.; providing an exemption from public-records requirements for a security-system plan or portion thereof; creating s. 286.0113, F.S.; providing an exemption from public-meeting requirements for those portions of any meeting which would reveal a security-system plan or portion thereof which is confidential and exempt under this act; providing for future review and repeal; providing a statement of public necessity; providing an effective date.

—was read the second time by title.

Senator Smith moved the following amendments which were adopted:

Amendment 1 (121740)—On page 2, line 2, after the word “to” insert: *the physical security of the facility*

Amendment 2 (461304)—In title, on page 1, line 3, delete that line and insert: creating s. 119.071, F.S.; providing an

On motion by Senator Brown-Waite, by two-thirds vote **CS for SB 16-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—38

Brown-Waite	Geller	Pruitt
Burt	Holzendorf	Rossin
Campbell	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise
Garcia	Posey	

Nays—None

CS for SB 18-C—A bill to be entitled An act relating to public records; creating s. 395.1056, F.S.; providing an exemption from public-records requirements for those portions of a comprehensive emergency-management plan which addresses the response of a public or private hospital to an act of terrorism; creating an exemption for those portions of a comprehensive emergency-management plan which address the response of a public hospital to an act of terrorism; providing an exemption from public-meeting requirements for any portion of a public meeting which would reveal information contained in a comprehensive emergency-management plan; providing for future review and repeal; providing a statement of public necessity; providing a contingent effective date.

—was read the second time by title.

Senator Smith moved the following amendment which was adopted:

Amendment 1 (762096)—On page 4, lines 2 and 3, delete those lines and insert: *response of a hospital to an act of terrorism is not exempt.*

On motion by Senator Brown-Waite, by two-thirds vote **CS for SB 18-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—38

Brown-Waite	Geller	Pruitt
Burt	Holzendorf	Rossin
Campbell	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise
Garcia	Posey	

Nays—None

CS for SB 20-C—A bill to be entitled An act relating to public records; providing that information concerning the amount or type of pharmaceutical materials or the location of pharmaceutical depositories maintained or directed by the Department of Health in response to an act of terrorism are exempt from public-records requirements; providing for future review and repeal; providing a statement of public necessity; providing a contingent effective date.

—was read the second time by title.

Senator Smith moved the following amendment:

Amendment 1 (330024)(with title amendment)—On page 1, lines 15-24, delete those lines and insert:

Section 1. *Any information identifying or describing the name, location, pharmaceutical cache, contents, capacity, equipment, physical features, or capabilities of individual medical facilities, storage facilities, or laboratories established, maintained, or regulated by the Department of Health as part of the state's plan to defend against an act of terrorism as defined in section 775.30, Florida Statutes, is exempt from the requirements of section 119.07(1), Florida Statutes, and Section 24(a), Article I of the State Constitution. The certification by the Governor of the sufficiency of any location, pharmaceutical cache, contents, capacity, equipment, physical features, or capabilities of individual medical facilities, storage facilities, or laboratories established, maintained, or regulated by the Department of Health as part of the state's plan to defend against an act of terrorism is a public record. This*

And the title is amended as follows:

On page 1, lines 3-6, delete those lines and insert: that any information identifying or describing the name, location, pharmaceutical cache, contents, capacity, equipment, physical features, or capabilities of individual medical facilities, storage facilities, or laboratories established, maintained, or regulated by the Department of Health in

On motion by Senator Brown-Waite, further consideration of **CS for SB 20-C** with pending **Amendment 1 (330024)** was deferred.

CS for SB 22-C—A bill to be entitled An act relating to public records; amending s. 119.07, F.S.; creating an exemption from public-records requirements; providing that a request by a law enforcement agency from another agency for information from a public entity is exempt; providing that the response of a public entity to a law enforcement agency for information is exempt; providing for future repeal and review; providing a statement of public necessity; providing an effective date.

—was read the second time by title. On motion by Senator Brown-Waite, by two-thirds vote **CS for SB 22-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—37

Brown-Waite	Holzendorf	Rossin
Burt	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise
Garcia	Posey	
Geller	Pruitt	

Nays—1

Campbell

Consideration of **CS for SB 28-C** was deferred.

CS for SB 14-C—A bill to be entitled An act relating to the Department of Agriculture and Consumer Services; amending s. 487.051, F.S.; authorizing the department to adopt rules establishing requirements governing aircraft used for the aerial application of pesticides and requirements governing the storage of pesticides; amending s. 570.07, F.S.; conforming provisions; amending s. 576.181, F.S.; authorizing the department to adopt rules establishing requirements governing aircraft used for the aerial application of fertilizers and requirements governing the storage of fertilizers; amending s. 578.11, F.S.; authorizing the department to adopt rules establishing requirements governing aircraft used for the aerial application of seed; requiring that the department report to the Legislature on the implementation of any rule adopted as

authorized by the act; directing the review of the cost impact of aerial application of pesticides; providing an effective date.

—was read the second time by title.

Senator Geller moved the following amendment which was adopted:

Amendment 1 (075920)—On page 3, line 7, delete the word “for” and insert: the word “by”

On motion by Senator Geller, by two-thirds vote **CS for SB 14-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—37

Brown-Waite	Holzendorf	Rossin
Burt	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise
Garcia	Posey	
Geller	Pruitt	

Nays—1

Campbell

THE PRESIDENT PRESIDING

SB 52-C—A bill to be entitled An act relating to the Florida Building Code; amending s. 553.415, F.S.; delaying the date for inclusion of the Uniform Code for Public Education Facilities in the Florida Building Code; providing an effective date for the Florida Building Code; amending s. 135 of ch. 2000-141, Laws of Florida, and ss. 62(2) and 68 of ch. 98-287, Laws of Florida, as amended; delaying the amendment, repeal, and transfer and renumbering of specified sections of the Florida Statutes; amending s. 627.0629, F.S.; delaying a deadline by which insurance companies are required to make certain rate filings; providing for the adoption of an administrative rule; providing for the treatment of permit applications submitted before the effective date of the code; requiring local jurisdictions to enact ordinances establishing wind speed lines; specifying the effective date of the residential swimming pool safety requirements of the Florida Building Code; providing an effective date.

—was read the second time by title.

The Committee on Comprehensive Planning, Local and Military Affairs recommended the following amendment which was moved by Senator Clary and adopted:

Amendment 1 (831836)—On page 7, line 26, delete the word “Thus” and insert: *Notwithstanding section 10*

Senator Clary moved the following amendment which was adopted:

Amendment 2 (642038)(with title amendment)—On page 7, line 18, after the period, insert: *For each jurisdiction that has not adopted the required ordinance by January 1, 2002, the Department of Community Affairs shall adopt, by emergency rule under section 120.54(4), Florida Statutes, a map delineating the wind speed lines of the jurisdiction according to the parameters of this section. This map shall govern the location of wind speed lines under the Florida Building Code until 60 days after the effective date of the jurisdiction’s ordinance.*

And the title is amended as follows:

On page 1, line 20, after the semicolon (;) insert: requiring that the Department of Community Affairs adopt an emergency rule under certain circumstances;

The Committee on Comprehensive Planning, Local and Military Affairs recommended the following amendment which was moved by Senator Clary and adopted:

Amendment 3 (420302)(with title amendment)—On page 7, line 31, insert:

Section 14. Paragraph (e) of subsection (6) of section 468.609, Florida Statutes, is amended to read:

468.609 Administration of this part; standards for certification; additional categories of certification.—

(6)

(e) *By March 1, 2003, or one year after the Florida Building Code is implemented, whichever is later January 1, 2001*, individuals who were employed by an educational board, *the Department of Education, or the State University System* as building code administrators, plans examiners, or inspectors, who *do not wish to apply* ~~are not eligible~~ for a standard certificate but who wish to continue in such employment, shall submit to the board the appropriate application and certification fees and shall receive a limited certificate qualifying such individuals to engage in building code administration, plans examination, or inspection in the class, at the performance level, and within the governmental jurisdiction in which such person is employed.

(Redesignate subsequent sections.)

And the title is amended as follows:

On page 1, line 23, after the semicolon (;) insert: amending s. 468.609, F.S.; extending the deadline to apply for a limited certificate as a building code administrator, plans examiner, or inspector; expanding the list of eligible persons who may apply for the certificate;

On motion by Senator Clary, by two-thirds vote **SB 52-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—32

Mr. President	Garcia	Posey
Brown-Waite	Geller	Pruitt
Carlton	Holzendorf	Sanderson
Clary	Jones	Saunders
Constantine	King	Sebesta
Cowin	Klein	Silver
Crist	Lawson	Smith
Dawson	Lee	Villalobos
Diaz de la Portilla	Meek	Wasserman Schultz
Dyer	Mitchell	Wise
Futch	Peaden	

Nays—7

Burt	Miller	Sullivan
Campbell	Rossin	Webster
Latvala		

Vote after roll call:

Yea to Nay—Jones, Meek, Silver

SB 48-C—A bill to be entitled An act relating to governmental organization; amending s. 20.201, F.S., creating a Division of Capitol Police within the Department of Law Enforcement; transferring, renumbering, and amending s. 281.02, F.S.; providing for the powers and duties of the Division of Capitol Police; requiring the development of security plans; transferring, renumbering, and amending s. 281.03, F.S.; providing for investigations by the Division of Capitol Police; transferring, renumbering, and amending s. 281.04, F.S.; providing for persons arrested by an officer of the Division of Capitol Police to be delivered to the sheriff; transferring, renumbering, and amending s. 281.05, F.S.; providing for ex officio enforcement of rules and laws of the Florida Capitol Police by agents of other law enforcement organizations; transferring, renumbering, and amending s. 281.06, F.S.; authorizing the Department of Law Enforcement to contract with private security agencies to maintain the security of public premises; transferring, renumbering, and amending s.

281.07, F.S.; providing for enforcement of parking regulations of the Department of Management Services by the Division of Capitol Police; transferring, renumbering, and amending s. 281.08, F.S.; providing for the procurement of equipment by the Division of Capitol Police; transferring, renumbering, and amending s. 281.20, F.S.; providing for the President of the Senate and the Speaker of the House of Representatives to direct development and implementation of enhanced security plans for the Capitol Complex through the Division of Capitol Police; transferring, renumbering, and amending s. 281.301, F.S.; providing for continued exemption from the public records law for information relating to the security systems for property owned or leased by a state agency or political subdivision; transferring the powers, duties, and functions of the Division of Capitol Police from the Department of Management Services to the Department of Law Enforcement; providing for employment criteria and qualifications by affected employees; providing an effective date.

—was read the second time by title. On motion by Senator Garcia, by two-thirds vote **SB 48-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Garcia	Posey
Brown-Waite	Geller	Pruitt
Burt	Holzendorf	Rossin
Campbell	Jones	Sanderson
Carlton	King	Saunders
Clary	Klein	Sebesta
Constantine	Latvala	Silver
Cowin	Lawson	Smith
Crist	Lee	Sullivan
Dawson	Meek	Villalobos
Diaz de la Portilla	Miller	Wasserman Schultz
Dyer	Mitchell	Webster
Futch	Peaden	Wise

Nays—None

The Senate resumed consideration of—

CS for SB 20-C—A bill to be entitled An act relating to public records; providing that information concerning the amount or type of pharmaceutical materials or the location of pharmaceutical depositories maintained or directed by the Department of Health in response to an act of terrorism are exempt from public-records requirements; providing for future review and repeal; providing a statement of public necessity; providing a contingent effective date.

—which was previously considered this day. Pending **Amendment 1 (330024)** by Senator Smith was adopted.

Senator Smith moved the following amendment which was adopted:

Amendment 2 (973674)—On page 2, lines 11-19, delete those lines and insert: *public necessity because information identifying or describing the name, location, pharmaceutical cache, contents, capacity, equipment, physical features, or capabilities of individual medical facilities, storage facilities, or laboratories established, maintained, or regulated by the Department of Health as part of the state's plan to defend its residents against future acts of terrorism is information that could be used by terrorists in planning acts of terrorism. If terrorists were able to discover the name, location, pharmaceutical cache, contents, capacity, equipment, physical features, or capabilities of individual medical facilities, storage facilities, or laboratories used to defend the state and its residents and visitors against an act of terrorism, they could use this information to craft a*

On motion by Senator Brown-Waite, by two-thirds vote **CS for SB 20-C** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—38

Mr. President	Carlton	Cowin
Brown-Waite	Clary	Crist
Campbell	Constantine	Dawson

Diaz de la Portilla	Lawson	Saunders
Dyer	Lee	Sebesta
Futch	Meek	Silver
Garcia	Miller	Smith
Geller	Mitchell	Sullivan
Holzendorf	Peaden	Villalobos
Jones	Posey	Wasserman Schultz
King	Pruitt	Webster
Klein	Rossin	Wise
Latvala	Sanderson	

Nays—1

Burt

On motion by Senator Sullivan, by two-thirds vote **HB 13-C** was withdrawn from the Committee on Appropriations.

On motion by Senator Sullivan, the rules were waived and—

HB 13-C—A bill to be entitled An act relating to public school funding; creating the “School District Flexibility Act of 2001”; providing for school district flexibility in the 2001-2002 fiscal year expenditure of specified funds appropriated in ch. 2001-253, Laws of Florida; providing for reports; authorizing equalized nonvoted capital improvement millage to be expended for operations in fiscal year 2001-2002; providing for repeal; repealing paragraph 7 of proviso language for Specific Appropriation 118, ch. 2001-253, Laws of Florida, which provides for calculation of a minimum guaranteed level of funding for school districts; amending s. 235.187, F.S.; to provide for district loans of Classrooms First Program funds; providing an effective date.

—a companion measure, was substituted for **SB 40-C** and read the second time by title.

Senator Carlton offered the following amendment which was moved by Senator Sullivan and adopted:

Amendment 1 (540686)(with title amendment)—Delete everything after the enacting clause and insert:

Section 1. *School District Flexibility Act of 2001.*—

(1) *This act may be cited as the “School District Flexibility Act of 2001.”*

(2) *During the 2001-2002 fiscal year, each district school board is authorized flexibility to expend funds allocated to the school district from the appropriations in chapter 2001-253, Laws of Florida, as provided below:*

(a) *If a district school board finds and declares in a resolution adopted at a regular meeting of the school board that the funds received for the programs listed below are urgently needed to maintain board-specified academic classroom instruction, the school board may consider and approve an amendment to the school district's 2001-2002 operating budget transferring the identified amount of funds to the appropriate account for expenditure. These accounts are:*

1. *Section 236.081(3), Florida Statutes, Funds for Inservice Educational Personnel Training, Specific Appropriation 122.*

2. *Funds allocated for Safe Schools Activities, Specific Appropriation 118.*

3. *Funds for Public School Technology, Specific Appropriation 120A.*

4. *Funds for Teacher Recruitment Signing Bonuses, Specific Appropriation 119, which are in excess of the amount required to provide \$850 Teacher Retention Bonuses.*

5. *Funds for the District Discretionary Lottery Allocation, Specific Appropriation 4A(a).*

6. *Section 231.67, Florida Statutes, the Florida Teachers Lead Program Stipend, Specific Appropriation 122A, carryforward funds only.*

(b) *If the district school board finds that funds allocated for the purpose set forth in s. 236.08104, Florida Statutes, Supplemental Academic Instruction, Specific Appropriation 118, are budgeted to be expended for nonclassroom instruction, the school board may consider and approve an amendment to the school district's 2001-2002 operating budget transferring such funds to an appropriate academic classroom instruction account for expenditure.*

(3) *Each district school board shall report to the Department of Education the amount of funds it transfers from each of the programs identified in this section and the specific academic classroom instruction for which these funds are being expended. The department shall provide instructions and format to be used in submitting this required information. The department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report showing the actions taken by each district school board and providing a statewide summary for all school districts.*

(4) *The standard in paragraph (c) of subsection (5) of section 230.23, Florida Statutes, requiring the adopted district school board budget to include a reserve to fully fund an additional 5-percent supplement for school administrators and instructional personnel need not be met until June 30, 2003.*

(5) *The standard in subsection (1) of section 235.061, Florida Statutes, requiring State Board of Education rules to prohibit the use as classrooms of relocatables that fail to meet the standards need not be met until July 1, 2003.*

(6) *The standard in paragraph (a) of subsection (1) of section 235.062, Florida Statutes, for student stations in relocatable facilities exceeding 20 years of age need not be met until July 1, 2004.*

(7) *Subsections (1) through (3) expire June 30, 2002.*

(8) *To take advantage of the delayed dates authorized in subsections (5) and (6), a school district must:*

(a) *First use the authority for the transfer of funds provided by subsections (1)-(4) before using the flexibility provided by subsections (5) and (6).*

(b) *Submit to the Department of Education a plan that identifies how the school district will fully comply with standards for relocatable classrooms by July 1, 2003, and will fully comply with the requirements of section 235.062, Florida Statutes, by July 1, 2004.*

Section 2. This act shall take effect upon becoming a law.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to public school funding; providing for school district flexibility in the 2001-2002 fiscal year expenditure of specified funds appropriated in ch. 2001-253, Laws of Florida; providing for reports; delaying the requirement in s. 230.23, F.S., that the adopted school board budget include a reserve for funding a supplement; delaying the requirement in s. 235.061, F.S., relating to relocatables for long-term use; delaying the requirement in s. 235.062, F.S., relating to relocatable facilities; establishing conditions for certain spending authority; providing for repeal; providing an effective date.

On motion by Senator Sullivan, by two-thirds vote **HB 13-C** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Diaz de la Portilla	Lawson
Brown-Waite	Dyer	Lee
Burt	Futch	Meek
Campbell	Garcia	Miller
Carlton	Geller	Mitchell
Clary	Holzendorf	Peaden
Constantine	Jones	Posey
Cowin	King	Pruitt
Crist	Klein	Rossin
Dawson	Latvala	Sanderson

Saunders	Smith	Wasserman Schultz
Sebesta	Sullivan	Webster
Silver	Villalobos	Wise

Nays—None

MOTION

On motion by Senator Sullivan, the Senate acceded to the request from the House that **HB 13-C** as amended be referred to the Conference Committee on Appropriations.

CONFEREES APPOINTED

The President designated Senators Sullivan, Holzendorf and Latvala of the Conference Committee on Appropriations as the conferees on the part of the Senate.

SB 34-C—A bill to be entitled An act relating to the pilot program for attorneys ad litem for dependent children; amending s. 39.4086, F.S.; providing that the program be funded according to specific appropriation; providing an effective date.

—was read the second time by title. On motion by Senator Cowin, by two-thirds vote **SB 34-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—37

Mr. President	Garcia	Pruitt
Brown-Waite	Geller	Sanderson
Burt	Holzendorf	Saunders
Campbell	Jones	Sebesta
Carlton	King	Silver
Clary	Klein	Smith
Constantine	Latvala	Sullivan
Cowin	Lawson	Villalobos
Crist	Lee	Wasserman Schultz
Dawson	Meek	Webster
Diaz de la Portilla	Miller	Wise
Dyer	Peaden	
Futch	Posey	

Nays—2

Mitchell	Rossin
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On motion by Senator Cowin, by two-thirds vote **HB 65-C** was withdrawn from the Committee on Appropriations.

On motion by Senator Cowin, the rules were waived and—

HB 65-C—A bill to be entitled An act relating to the County Article V Trust Fund; amending s. 25.402, F.S.; authorizing the use of moneys in the trust fund to fund the state courts system; amending s. 34.201, F.S.; removing a provision relating to funds credited to the trust fund and the uses thereof, to conform; providing an effective date.

—a companion measure, was substituted for **SB 38-C** and read the second time by title.

Senator Cowin moved the following amendment which was adopted:

Amendment 1 (115190)(with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Section 25.402, Florida Statutes, is amended to read:

25.402 County Article V Trust Fund.—

(1)(a) The trust fund moneys in the County Article V Trust Fund, administered by the Supreme Court, may be used to compensate counties for the costs they incur under Article V of the State Constitution in operating the state courts system, including the costs they incur in providing and maintaining court facilities.

(b) *When the Legislature appropriates moneys from the trust fund to compensate counties*, the Supreme Court *must* ~~shall~~ adopt an allocation and disbursement plan for the operation of the trust fund and the expenditure of moneys deposited in the trust fund. The Supreme Court shall include the plan in its legislative budget request. A committee of 15 people shall develop and recommend the allocation and disbursement plan to the Supreme Court. The committee shall be composed of:

1. Six persons appointed by the Florida Association of Counties, as follows:

a. Two persons residing in counties with populations fewer than 90,000.

b. Two persons residing in counties with populations greater than 89,999, but fewer than 700,000.

c. Two persons residing in counties with populations greater than 699,999.

2. Six persons appointed by the Chief Justice of the Supreme Court, as follows:

a. Two persons residing in counties with populations fewer than 90,000.

b. Two persons residing in counties with populations greater than 89,999, but fewer than 700,000.

c. Two persons residing in counties with populations greater than 699,999.

3. Three persons appointed by the Florida Association of Court Clerks and Comptrollers, as follows:

a. One person residing in a county with a population fewer than 90,000.

b. One person residing in a county with a population greater than 89,999, but fewer than 700,000.

c. One person residing in a county with a population greater than 699,999.

The allocation and disbursement plan shall include provisions to compensate counties with fewer than 90,000 residents for court facility needs.

(c) Amendments to the approved operating budget for expenditures from the County Article V Trust Fund must be approved in accordance with the provisions of s. 216.181. The total amount disbursed from the County Article V Trust Fund may not exceed the amount authorized by the General Appropriations Act.

(d) Effective July 1, 2001, moneys generated from civil penalties distributed under s. 318.21(2)(h) shall be deposited in the trust fund *and may be used* for the following purposes:

1. Funds paid to counties with populations fewer than 90,000 shall be grants-in-aid to be used, in priority order, for: operating expenditures of the offices of the state attorneys and public defenders in accordance with Specific Appropriation 2978B; consulting or architectural studies related to the improvement of courthouse facilities; improving court facilities to ensure compliance with the Americans with Disabilities Act and other federal or state requirements; other renovations in court facilities; improvements in court security; and expert witness fees in criminal cases, court reporting and transcribing costs in criminal cases, and costs associated with the appointment of special public defenders.

2. Funds paid to counties with populations exceeding 89,999 shall be grants-in-aid to be used, in priority order, for operating expenditures of the offices of the state attorneys and public defenders in accordance with Specific Appropriation 2978B, costs paid by the county for expert witness fees in criminal cases, court reporting and transcribing costs in criminal cases, and costs associated with the appointment of special public defenders.

3. *Funds may be appropriated for the operation of trial courts.*

(2) This section expires June 30, 2002.

Section 2. This act shall take effect upon becoming a law.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to the County Article V Trust Fund; amending s. 25.402, F.S.; clarifying duties of the Supreme Court with respect to use of the fund; allowing the use of funds for the operation of trial courts; providing an effective date.

On motion by Senator Cowin, by two-thirds vote **HB 65-C** as amended was read the third time by title, passed by the required constitutional three-fifths vote of the membership and certified to the House. The vote on passage was:

Yeas—36

Mr. President	Garcia	Pruitt
Brown-Waite	Geller	Rossin
Burt	Holzendorf	Sanderson
Carlton	Jones	Saunders
Clary	King	Sebesta
Constantine	Klein	Silver
Cowin	Latvala	Smith
Crist	Lawson	Sullivan
Dawson	Lee	Villalobos
Diaz de la Portilla	Meek	Wasserman Schultz
Dyer	Peaden	Webster
Futch	Posey	Wise

Nays—3

Campbell	Miller	Mitchell
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Vote after roll call:

Nay to Yea—Campbell, Miller

On motion by Senator Silver by two-thirds vote **HB 29-C** was withdrawn from the Committee on Appropriations.

On motion by Senator Silver, the rules were waived and—

HB 29-C—A bill to be entitled An act relating to health care; amending ss. 409.903 and 409.904, F.S.; revising eligibility categories for optional Medicaid services; amending s. 409.906, F.S.; eliminating Medicaid coverage for adult denture services; limiting coverage for hearing and visual services to children under age 21; authorizing the Agency for Health Care Administration to use mail order pharmacies for drugs prescribed for a Medicaid recipient; amending s. 409.9065, F.S.; revising eligibility for the pharmaceutical expense assistance program; limiting program enrollment levels and authorizing the agency to develop a waiting list; amending s. 409.907, F.S.; authorizing the agency to withhold payments to a Medicaid provider that the agency is investigating for fraud or abuse; providing for inspections and submission of background information as a condition of initial and renewal applications for provider participation in the Medicaid program; clarifying timeframe for enrollment of providers; providing additional considerations for denial of a provider application; amending s. 409.908, F.S.; revising pharmacy provider dispensing fees for products on the preferred drug list and those not so listed; amending ss. 409.912 and 409.9122, F.S.; eliminating requirement that the agency provide enrollment choice counseling to certain Medicaid recipients; amending s. 409.913, F.S.; specifying additional sanctions which may be imposed by the agency against a Medicaid provider; removing a limitation on certain costs the agency is entitled to recover for provider violations; amending s. 409.915, F.S.; increasing county Medicaid contributions for certain inpatient hospitalization and nursing home and intermediate facilities care; amending ss. 400.071, 400.191, 400.23, 400.235, 409.8132, and 409.815, F.S.; removing references to Medicaid enrollment choice counseling and to nursing facility consumer satisfaction surveys, to conform to the act; correcting cross references; providing that the act fulfills an important state interest; repealing s. 400.0225, F.S., relating to nursing facility consumer satisfaction surveys; repealing s. 400.148, F.S., relating to the Medicaid "Up or Out" Quality of Care Contract Management Program; repealing ss. 464.0195, 464.0196, and 464.0197, F.S., relating to establishment, operation, and funding of the Florida Center for Nursing; providing effective dates.

—a companion measure, was substituted for **CS for SB 42-C** and read the second time by title.

Senator Silver moved the following amendment:

Amendment 1 (334074)(with title amendment)—Delete everything after the enacting clause and insert:

Section 1. *Effective July 1, 2002, subsection (11) of section 409.904, Florida Statutes, is repealed.*

Section 2. Effective July 1, 2002, subsections (1) and (2) of section 409.904, Florida Statutes, are amended to read:

409.904 Optional payments for eligible persons.—The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(1) A person who is age 65 or older or is determined to be disabled, whose income is at or below 88 ~~100~~ percent of federal poverty level, and whose assets do not exceed established limitations.

(2)(a) *A pregnant woman who would otherwise qualify for Medicaid under s. 409.903(5) except for her level of income and whose assets fall within the limits established by the Department of Children and Family Services for the medically needy. A pregnant woman who applies for medically needy eligibility may not be made presumptively eligible.*

(b) *A child under age 21 who would otherwise qualify for Medicaid or the Florida Kidcare program except for the family's level of income and whose assets fall within the limits established by the Department of Children and Family Services for the medically needy. ~~A family, a pregnant woman, a child under age 18, a person age 65 or over, or a blind or disabled person who would be eligible under any group listed in s. 409.903(1), (2), or (3), except that the income or assets of such family or person exceed established limitations.~~*

For a ~~family or~~ person in this group, medical expenses are deductible from income in accordance with federal requirements in order to make a determination of eligibility. A ~~family or~~ person in this group, which group is known as the "medically needy," is eligible to receive the same services as other Medicaid recipients, with the exception of services in skilled nursing facilities and intermediate care facilities for the developmentally disabled.

Section 3. Effective July 1, 2002, subsections (1), (12), and (23) of section 409.906, Florida Statutes, are amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(1) **ADULT DENTURE SERVICES.**—The agency may pay for dentures, the procedures required to seat dentures, and the repair and relining of dentures, provided by or under the direction of a licensed dentist, for a recipient who is age 21 or older. However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:

(a) Owned by, operated by, or having a contractual agreement with the Department of Health and complying with Medicaid's county health department clinic services program specifications as a county health department clinic services provider.

(b) Owned by, operated by, or having a contractual arrangement with a federally qualified health center and complying with Medicaid's federally qualified health center specifications as a federally qualified health center provider.

(c) Rendering dental services to Medicaid recipients, 21 years of age and older, at nursing facilities.

(d) Owned by, operated by, or having a contractual agreement with a state-approved dental educational institution.

(e) *This subsection is repealed July 1, 2002.*

(12) **CHILDREN'S HEARING SERVICES.**—The agency may pay for hearing and related services, including hearing evaluations, hearing aid devices, dispensing of the hearing aid, and related repairs, if provided to a recipient *under age 21* by a licensed hearing aid specialist, otolaryngologist, otologist, audiologist, or physician.

(23) **CHILDREN'S VISUAL SERVICES.**—The agency may pay for visual examinations, eyeglasses, and eyeglass repairs for a recipient *under age 21*, if they are prescribed by a licensed physician specializing in diseases of the eye or by a licensed optometrist.

Section 4. Subsection (13) of section 409.906, Florida Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(13) **HOME AND COMMUNITY-BASED SERVICES.**—The agency may pay for home-based or community-based services that are rendered to a recipient in accordance with a federally approved waiver program. *The agency may limit or eliminate coverage for certain Project AIDS Care Waiver services, preauthorize high-cost or highly utilized services, or make any other adjustments necessary to comply with any limitations or directions provided for in the General Appropriations Act.*

Section 5. Subsections (3) and (5) of section 409.9065, Florida Statutes, are amended to read:

409.9065 Pharmaceutical expense assistance.—

(3) **BENEFITS.**—Medications covered under the pharmaceutical expense assistance program are those covered under the Medicaid program in s. 409.906(19) ~~s. 409.906(20)~~. Monthly benefit payments shall be limited to \$80 per program participant. Participants are required to make a 10-percent coinsurance payment for each prescription purchased through this program.

(5) **NONENTITLEMENT.**—The pharmaceutical expense assistance program established by this section is not an entitlement. *Enrollment levels are limited to those authorized by the Legislature in the annual General Appropriations Act. If funds are insufficient to serve all individuals eligible under subsection (2) and seeking coverage, the agency may develop a waiting list based on application dates to use in enrolling individuals in unfilled enrollment slots.*

Section 6. Effective upon this act becoming a law, subsections (7) and (9) of section 409.907, Florida Statutes, are amended to read:

409.907 Medicaid provider agreements.—The agency may make payments for medical assistance and related services rendered to Medicaid recipients only to an individual or entity who has a provider agreement in effect with the agency, who is performing services or supplying goods in accordance with federal, state, and local law, and who agrees that no person shall, on the grounds of handicap, race, color, or national origin, or for any other reason, be subjected to discrimination under any program or activity for which the provider receives payment from the agency.

(7) The agency may require, as a condition of participating in the Medicaid program and before entering into the provider agreement, that the provider submit information, *in an initial and any required renewal applications*, concerning the professional, business, and personal background of the provider and permit an onsite inspection of the provider's service location by agency staff or other personnel designated by the agency to perform this function. *As a continuing condition of participation in the Medicaid program, a provider shall immediately notify the agency of any current or pending bankruptcy filing.* Before entering into the provider agreement, or as a condition of continuing participation in the Medicaid program, the agency may also require that Medicaid providers reimbursed on a fee-for-services basis or fee schedule basis which is not cost-based, post a surety bond not to exceed \$50,000 or the total amount billed by the provider to the program during the current or most recent calendar year, whichever is greater. For new providers, the amount of the surety bond shall be determined by the agency based on the provider's estimate of its first year's billing. If the provider's billing during the first year exceeds the bond amount, the agency may require the provider to acquire an additional bond equal to the actual billing level of the provider. A provider's bond shall not exceed \$50,000 if a physician or group of physicians licensed under chapter 458, chapter 459, or chapter 460 has a 50 percent or greater ownership interest in the provider or if the provider is an assisted living facility licensed under part III of chapter 400. The bonds permitted by this section are in addition to the bonds referenced in s. 400.179(4)(d). If the provider is a corporation, partnership, association, or other entity, the agency may require the provider to submit information concerning the background of that entity and of any principal of the entity, including any partner or shareholder having an ownership interest in the entity equal to 5 percent or greater, and any treating provider who participates in or intends to participate in Medicaid through the entity. The information must include:

(a) Proof of holding a valid license or operating certificate, as applicable, if required by the state or local jurisdiction in which the provider is located or if required by the Federal Government.

(b) Information concerning any prior violation, fine, suspension, termination, or other administrative action taken under the Medicaid laws, rules, or regulations of this state or of any other state or the Federal Government; any prior violation of the laws, rules, or regulations relating to the Medicare program; any prior violation of the rules or regulations of any other public or private insurer; and any prior violation of the laws, rules, or regulations of any regulatory body of this or any other state.

(c) Full and accurate disclosure of any financial or ownership interest that the provider, or any principal, partner, or major shareholder thereof, may hold in any other Medicaid provider or health care related entity or any other entity that is licensed by the state to provide health or residential care and treatment to persons.

(d) If a group provider, identification of all members of the group and attestation that all members of the group are enrolled in or have applied to enroll in the Medicaid program.

(9) Upon receipt of a completed, signed, and dated application, and completion of any necessary background investigation and criminal history record check, the agency must either:

(a) Enroll the applicant as a Medicaid provider *no earlier than the effective date of the approval of the provider application*; or

(b) Deny the application if the agency finds that it is in the best interest of the Medicaid program to do so. The agency may consider the factors listed in subsection (10), as well as any other factor that could

affect the effective and efficient administration of the program, including, but not limited to, the current availability of medical care, services, or supplies to recipients, taking into account geographic location and reasonable travel time; *the number of providers of the same type already enrolled in the same geographic area; and the credentials, experience, success, and patient outcomes of the provider for the services that it is making application to provide in the Medicaid program.*

Section 7. Paragraph (d) is added to subsection (12) of section 409.908, Florida Statutes, and subsection (14) of that section is amended, to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(12)

(d) *For the 2001-2002 fiscal year only and if necessary to meet the requirements for grants and donations for the special Medicaid payments authorized in the 2001-2002 General Appropriations Act, the agency may make special Medicaid payments to qualified Medicaid providers designated by the agency, notwithstanding any provision of this subsection to the contrary, and may use intergovernmental transfers from state entities to serve as the state share of such payments.*

(14) A provider of prescribed drugs shall be reimbursed the least of the amount billed by the provider, the provider's usual and customary charge, or the Medicaid maximum allowable fee established by the agency, plus a dispensing fee. The agency is directed to implement a variable dispensing fee for payments for prescribed medicines while ensuring continued access for Medicaid recipients. The variable dispensing fee may be based upon, but not limited to, either or both the volume of prescriptions dispensed by a specific pharmacy provider, ~~and~~ the volume of prescriptions dispensed to an individual recipient, *and dispensing of preferred-drug-list products. The agency shall increase the pharmacy dispensing fee authorized by statute and in the annual General Appropriations Act by \$0.50 for the dispensing of a Medicaid preferred-drug-list product and reduce the pharmacy dispensing fee by \$0.50 for the dispensing of a Medicaid product that is not included on the preferred-drug list.* The agency is authorized to limit reimbursement for prescribed medicine in order to comply with any limitations or directions provided for in the General Appropriations Act, which may include implementing a prospective or concurrent utilization review program.

Section 8. Paragraph (a) of subsection (37) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency may establish prior authorization requirements for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is

required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization.

(37)(a) The agency shall implement a Medicaid prescribed-drug spending-control program that includes the following components:

1. Medicaid prescribed-drug coverage for brand-name drugs for adult Medicaid recipients is limited to the dispensing of four brand-name drugs per month per recipient. Children are exempt from this restriction. Antiretroviral agents are excluded from this limitation. No requirements for prior authorization or other restrictions on medications used to treat mental illnesses such as schizophrenia, severe depression, or bipolar disorder may be imposed on Medicaid recipients. Medications that will be available without restriction for persons with mental illnesses include atypical antipsychotic medications, conventional antipsychotic medications, selective serotonin reuptake inhibitors, and other medications used for the treatment of serious mental illnesses. The agency shall also limit the amount of a prescribed drug dispensed to no more than a 34-day supply. The agency shall continue to provide unlimited generic drugs, contraceptive drugs and items, and diabetic supplies. Although a drug may be included on the preferred drug formulary, it would not be exempt from the four-brand limit. The agency may authorize exceptions to the brand-name-drug restriction based upon the treatment needs of the patients, only when such exceptions are based on prior consultation provided by the agency or an agency contractor, but the agency must establish procedures to ensure that:

a. There will be a response to a request for prior consultation by telephone or other telecommunication device within 24 hours after receipt of a request for prior consultation;

b. A 72-hour supply of the drug prescribed will be provided in an emergency or when the agency does not provide a response within 24 hours as required by sub-subparagraph a.; and

c. Except for the exception for nursing home residents and other institutionalized adults and except for drugs on the restricted formulary for which prior authorization may be sought by an institutional or community pharmacy, prior authorization for an exception to the brand-name-drug restriction is sought by the prescriber and not by the pharmacy. When prior authorization is granted for a patient in an institutional setting beyond the brand-name-drug restriction, such approval is authorized for 12 months and monthly prior authorization is not required for that patient.

2. Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the average wholesale price less 13.25 percent.

3. The agency shall develop and implement a process for managing the drug therapies of Medicaid recipients who are using significant numbers of prescribed drugs each month. The management process may include, but is not limited to, comprehensive, physician-directed medical-record reviews, claims analyses, and case evaluations to determine the medical necessity and appropriateness of a patient's treatment plan and drug therapies. The agency may contract with a private organization to provide drug-program-management services. The Medicaid drug benefit management program shall include initiatives to manage drug therapies for HIV/AIDS patients, patients using 20 or more unique prescriptions in a 180-day period, and the top 1,000 patients in annual spending.

4. The agency may limit the size of its pharmacy network based on need, competitive bidding, price negotiations, credentialing, or similar criteria. The agency shall give special consideration to rural areas in determining the size and location of pharmacies included in the Medicaid pharmacy network. A pharmacy credentialing process may include criteria such as a pharmacy's full-service status, location, size, patient educational programs, patient consultation, disease-management services, and other characteristics. The agency may impose a moratorium on Medicaid pharmacy enrollment when it is determined that it has a sufficient number of Medicaid-participating providers.

5. The agency shall develop and implement a program that requires Medicaid practitioners who prescribe drugs to use a counterfeit-proof prescription pad for Medicaid prescriptions. The agency shall require the use of standardized counterfeit-proof prescription pads by Medicaid-participating prescribers or prescribers who write prescriptions for Med-

icaid recipients. The agency may implement the program in targeted geographic areas or statewide.

6. The agency may enter into arrangements that require manufacturers of generic drugs prescribed to Medicaid recipients to provide rebates of at least 15.1 percent of the average manufacturer price for the manufacturer's generic products. These arrangements shall require that if a generic-drug manufacturer pays federal rebates for Medicaid-reimbursed drugs at a level below 15.1 percent, the manufacturer must provide a supplemental rebate to the state in an amount necessary to achieve a 15.1-percent rebate level.

7. The agency may establish a preferred drug formulary in accordance with 42 U.S.C. s. 1396r-8, and, pursuant to the establishment of such formulary, it is authorized to negotiate supplemental rebates from manufacturers that are in addition to those required by Title XIX of the Social Security Act and at no less than 10 percent of the average manufacturer price as defined in 42 U.S.C. s. 1936 on the last day of a quarter unless the federal or supplemental rebate, or both, equals or exceeds 25 percent. There is no upper limit on the supplemental rebates the agency may negotiate. The agency may determine that specific products, brand-name or generic, are competitive at lower rebate percentages. Agreement to pay the minimum supplemental rebate percentage will guarantee a manufacturer that the Medicaid Pharmaceutical and Therapeutics Committee will consider a product for inclusion on the preferred drug formulary. However, a pharmaceutical manufacturer is not guaranteed placement on the formulary by simply paying the minimum supplemental rebate. Agency decisions will be made on the clinical efficacy of a drug and recommendations of the Medicaid Pharmaceutical and Therapeutics Committee, as well as the price of competing products minus federal and state rebates. The agency is authorized to contract with an outside agency or contractor to conduct negotiations for supplemental rebates. For the purposes of this section, the term "supplemental rebates" may include, at the agency's discretion, cash rebates and other program benefits that offset a Medicaid expenditure. Such other program benefits may include, but are not limited to, disease management programs, drug product donation programs, drug utilization control programs, prescriber and beneficiary counseling and education, fraud and abuse initiatives, and other services or administrative investments with guaranteed savings to the Medicaid program in the same year the rebate reduction is included in the General Appropriations Act. The agency is authorized to seek any federal waivers to implement this initiative.

8. The agency shall establish an advisory committee for the purposes of studying the feasibility of using a restricted drug formulary for nursing home residents and other institutionalized adults. The committee shall be comprised of seven members appointed by the Secretary of Health Care Administration. The committee members shall include two physicians licensed under chapter 458 or chapter 459; three pharmacists licensed under chapter 465 and appointed from a list of recommendations provided by the Florida Long-Term Care Pharmacy Alliance; and two pharmacists licensed under chapter 465.

9. The Agency for Health Care Administration shall expand home delivery of pharmacy products. To assist Medicaid patients in securing their prescriptions and reduce program costs, the agency shall expand its current mail-order-pharmacy diabetes-supply program to include all generic and brand-name drugs used by Medicaid patients with diabetes. Medicaid recipients in the current program may obtain nondiabetes drugs on a voluntary basis. This initiative is limited to the geographic area covered by the current contract. The agency may seek and implement any federal waivers necessary to implement this subparagraph.

Section 9. Effective upon this act becoming a law, subsection (26) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency may establish prior authorization requirements for certain populations of

Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization.

(26) The agency shall perform ~~choice counseling~~, enrollments, and disenrollments for Medicaid recipients who are eligible for MediPass or managed care plans. Notwithstanding the prohibition contained in paragraph (18)(f), managed care plans may perform preenrollments of Medicaid recipients under the supervision of the agency or its agents. For the purposes of this section, “preenrollment” means the provision of marketing and educational materials to a Medicaid recipient and assistance in completing the application forms, but shall not include actual enrollment into a managed care plan. An application for enrollment shall not be deemed complete until the agency or its agent verifies that the recipient made an informed, voluntary choice. The agency, in cooperation with the Department of Children and Family Services, may test new marketing initiatives to inform Medicaid recipients about their managed care options at selected sites. The agency shall report to the Legislature on the effectiveness of such initiatives. The agency may contract with a third party to perform managed care plan and MediPass ~~choice counseling~~, enrollment, and disenrollment services for Medicaid recipients and is authorized to adopt rules to implement such services. The agency may adjust the capitation rate only to cover the costs of a third-party ~~choice counseling~~, enrollment, and disenrollment contract, and for agency supervision and management of the managed care plan ~~choice counseling~~, enrollment, and disenrollment contract.

Section 10. Effective July 1, 2002, paragraph (e) of subsection (2) of section 409.9122, Florida Statutes, is amended to read:

409.9122 Mandatory Medicaid managed care enrollment; programs and procedures.—

(2)

(e) ~~Prior to requesting a Medicaid recipient who is subject to mandatory managed care enrollment to make a choice between a managed care plan or MediPass, the agency shall contact and provide choice counseling to the recipient.~~ Medicaid recipients who are already enrolled in a managed care plan or MediPass shall be offered the opportunity to change managed care plans or MediPass providers on a staggered basis, as defined by the agency. All Medicaid recipients shall have 90 days in which to make a choice of managed care plans or MediPass providers. Those Medicaid recipients who do not make a choice shall be assigned to a managed care plan or MediPass in accordance with paragraph (f). To facilitate continuity of care, for a Medicaid recipient who is also a recipient of Supplemental Security Income (SSI), prior to assigning the SSI recipient to a managed care plan or MediPass, the agency shall determine whether the SSI recipient has an ongoing relationship with a MediPass provider or managed care plan, and if so, the agency shall assign the SSI recipient to that MediPass provider or managed care plan. Those SSI recipients who do not have such a provider relationship shall be assigned to a managed care plan or MediPass provider in accordance with paragraph (f).

Section 11. Effective upon this act becoming a law, paragraph (f) of subsection (2) of section 409.9122, Florida Statutes, is amended to read:

409.9122 Mandatory Medicaid managed care enrollment; programs and procedures.—

(2)

(f) When a Medicaid recipient does not choose a managed care plan or MediPass provider, the agency shall assign the Medicaid recipient to a managed care plan or MediPass provider. Medicaid recipients who are subject to mandatory assignment but who fail to make a choice shall be assigned to managed care plans or provider service networks until an equal enrollment of 50 percent in MediPass ~~and provider service networks~~ and 50 percent in managed care plans is achieved. Once equal enrollment is achieved, the assignments shall be divided in order to maintain an equal enrollment in MediPass and managed care plans. Thereafter, assignment of Medicaid recipients who fail to make a choice shall be based proportionally on the preferences of recipients who have made a choice in the previous period. Such proportions shall be revised

at least quarterly to reflect an update of the preferences of Medicaid recipients. The agency shall also disproportionately assign Medicaid-eligible children in families who are required to but have failed to make a choice of managed care plan or MediPass for their child and who are to be assigned to the MediPass program to children's networks as described in s. 409.912(3)(g) and where available. The disproportionate assignment of children to children's networks shall be made until the agency has determined that the children's networks have sufficient numbers to be economically operated. *For purposes of this paragraph, when referring to assignment, the term “managed care plans” includes exclusive provider organizations, provider service networks, minority physician networks, and pediatric emergency department diversion programs authorized by this chapter or the General Appropriations Act.* When making assignments, the agency shall take into account the following criteria:

1. A managed care plan has sufficient network capacity to meet the need of members.
2. The managed care plan or MediPass has previously enrolled the recipient as a member, or one of the managed care plan's primary care providers or MediPass providers has previously provided health care to the recipient.
3. The agency has knowledge that the member has previously expressed a preference for a particular managed care plan or MediPass provider as indicated by Medicaid fee-for-service claims data, but has failed to make a choice.
4. The managed care plan's or MediPass primary care providers are geographically accessible to the recipient's residence.

Section 12. Effective upon this act becoming a law, subsections (15) and (21), paragraph (a) of subsection (22), and paragraph (a) of subsection (24) of section 409.913, Florida Statutes, are amended, and subsections (26) and (27) are added to that section, to read:

409.913 Oversight of the integrity of the Medicaid program.—The agency shall operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives, to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions as appropriate.

(15) The agency may impose any of the following sanctions on a provider or a person for any of the acts described in subsection (14):

- (a) Suspension for a specific period of time of not more than 1 year.
- (b) Termination for a specific period of time of from more than 1 year to 20 years.
- (c) Imposition of a fine of up to \$5,000 for each violation. Each day that an ongoing violation continues, such as refusing to furnish Medicaid-related records or refusing access to records, is considered, for the purposes of this section, to be a separate violation. Each instance of improper billing of a Medicaid recipient; each instance of including an unallowable cost on a hospital or nursing home Medicaid cost report after the provider or authorized representative has been advised in an audit exit conference or previous audit report of the cost unallowability; each instance of furnishing a Medicaid recipient goods or professional services that are inappropriate or of inferior quality as determined by competent peer judgment; each instance of knowingly submitting a materially false or erroneous Medicaid provider enrollment application, request for prior authorization for Medicaid services, drug exception request, or cost report; each instance of inappropriate prescribing of drugs for a Medicaid recipient as determined by competent peer judgment; and each false or erroneous Medicaid claim leading to an overpayment to a provider is considered, for the purposes of this section, to be a separate violation.

(d) Immediate suspension, if the agency has received information of patient abuse or neglect or of any act prohibited by s. 409.920. Upon suspension, the agency must issue an immediate final order under s. 120.569(2)(n).

(e) A fine, not to exceed \$10,000, for a violation of paragraph (14)(i).

(f) *Imposition of liens against provider assets, including, but not limited to, financial assets and real property, not to exceed the amount of*

finances or recoveries sought, upon entry of an order determining that such moneys are due or recoverable.

(g) *Other remedies as permitted by law to effect the recovery of a fine or overpayment.*

(21) The audit report, supported by agency work papers, showing an overpayment to a provider constitutes evidence of the overpayment. A provider may not present or elicit testimony, either on direct examination or cross-examination in any court or administrative proceeding, regarding the purchase or acquisition by any means of drugs, goods, or supplies; sales or divestment by any means of drugs, goods, or supplies; or inventory of drugs, goods, or supplies, unless such acquisition, sales, divestment, or inventory is documented by written invoices, written inventory records, or other competent written documentary evidence maintained in the normal course of the provider's business. *Notwithstanding the applicable rules of discovery, all documentation that will be offered as evidence at an administrative hearing on a Medicaid overpayment must be exchanged by all parties at least 14 days before the administrative hearing or must be excluded from consideration.*

(22)(a) In an audit or investigation of a violation committed by a provider which is conducted pursuant to this section, the agency is entitled to recover *all up to \$15,000 in* investigative, legal, and expert witness costs if the agency's findings were not contested by the provider or, if contested, the agency ultimately prevailed.

(24)(a) The agency may withhold Medicaid payments, in whole or in part, to a provider upon receipt of reliable evidence that the circumstances giving rise to the need for a withholding of payments involve fraud, ~~or~~ willful misrepresentation, *or abuse* under the Medicaid program, or a crime committed while rendering goods or services to Medicaid recipients, pending completion of legal proceedings. If it is determined that fraud, willful misrepresentation, *abuse*, or a crime did not occur, the payments withheld must be paid to the provider within 14 days after such determination with interest at the rate of 10 percent a year. Any money withheld in accordance with this paragraph shall be placed in a suspended account, readily accessible to the agency, so that any payment ultimately due the provider shall be made within 14 days. ~~Furthermore, the authority to withhold payments under this paragraph shall not apply to physicians whose alleged overpayments are being determined by administrative proceedings pursuant to chapter 120.~~

(26) *When the Agency for Health Care Administration has made a probable cause determination and alleged that an overpayment to a Medicaid provider has occurred, the agency, after notice to the provider, may:*

(a) *Withhold, and continue to withhold during the pendency of an administrative hearing pursuant to chapter 120, any medical assistance reimbursement payments until such time as the overpayment is recovered, unless within 30 days after receiving notice thereof the provider:*

1. *Makes repayment in full; or*
2. *Establishes a repayment plan that is satisfactory to the Agency for Health Care Administration.*

(b) *Withhold, and continue to withhold during the pendency of an administrative hearing pursuant to chapter 120, medical assistance reimbursement payments if the terms of a repayment plan are not adhered to by the provider.*

If a provider requests an administrative hearing pursuant to chapter 120, such hearing must be conducted within 90 days following receipt by the provider of the final audit report, absent exceptionally good cause shown as determined by the administrative law judge or hearing officer. Upon issuance of a final order, the balance outstanding of the amount determined to constitute the overpayment shall become due. Any withholding of payments by the Agency for Health Care Administration pursuant to this section shall be limited so that the monthly medical assistance payment is not reduced by more than 10 percent.

(27) *Venue for all Medicaid program integrity overpayment cases shall lie in Leon County, at the discretion of the agency.*

Section 13. *Subsection (4) of section 414.41, Florida Statutes, is repealed.*

Section 14. *Section 400.0225, Florida Statutes, is repealed.*

Section 15. Paragraph (c) of subsection (5) of section 400.179, Florida Statutes, is amended to read:

400.179 Sale or transfer of ownership of a nursing facility; liability for Medicaid underpayments and overpayments.—

(5) Because any transfer of a nursing facility may expose the fact that Medicaid may have underpaid or overpaid the transferor, and because in most instances, any such underpayment or overpayment can only be determined following a formal field audit, the liabilities for any such underpayments or overpayments shall be as follows:

(c) Where the facility transfer takes any form of a sale of assets, in addition to the transferor's continuing liability for any such overpayments, if the transferor fails to meet these obligations, the transferee shall be liable for all liabilities that can be readily identifiable 90 days in advance of the transfer. *Such liability shall continue in succession until the debt is ultimately paid or otherwise resolved.* It shall be the burden of the transferee to determine the amount of all such readily identifiable overpayments from the Agency for Health Care Administration, and the agency shall cooperate in every way with the identification of such amounts. Readily identifiable overpayments shall include overpayments that will result from, but not be limited to:

1. Medicaid rate changes or adjustments;
2. Any depreciation recapture;
3. Any recapture of fair rental value system indexing; *or and/or*
4. Audits completed by the agency.

The transferor shall remain liable for any such Medicaid overpayments that were not readily identifiable 90 days in advance of the nursing facility transfer.

Section 16. Paragraph (a) of subsection (2) of section 400.191, Florida Statutes, is amended to read:

400.191 Availability, distribution, and posting of reports and records.—

(2) The agency shall provide additional information in consumer-friendly printed and electronic formats to assist consumers and their families in comparing and evaluating nursing home facilities.

(a) The agency shall provide an Internet site which shall include at least the following information either directly or indirectly through a link to another established site or sites of the agency's choosing:

1. A list by name and address of all nursing home facilities in this state.
2. Whether such nursing home facilities are proprietary or nonproprietary.
3. The current owner of the facility's license and the year that that entity became the owner of the license.
4. The name of the owner or owners of each facility and whether the facility is affiliated with a company or other organization owning or managing more than one nursing facility in this state.
5. The total number of beds in each facility.
6. The number of private and semiprivate rooms in each facility.
7. The religious affiliation, if any, of each facility.
8. The languages spoken by the administrator and staff of each facility.
9. Whether or not each facility accepts Medicare or Medicaid recipients or insurance, health maintenance organization, Veterans Administration, CHAMPUS program, or workers' compensation coverage.
10. Recreational and other programs available at each facility.
11. Special care units or programs offered at each facility.

12. Whether the facility is a part of a retirement community that offers other services pursuant to part III, part IV, or part V.

~~13. The results of consumer and family satisfaction surveys for each facility, as described in s. 400.0225. The results may be converted to a score or scores, which may be presented in either numeric or symbolic form for the intended consumer audience.~~

~~13.14.~~ Survey and deficiency information contained on the Online Survey Certification and Reporting (OSCAR) system of the federal Health Care Financing Administration, including annual survey, revisit, and complaint survey information, for each facility for the past 45 months. For noncertified nursing homes, state survey and deficiency information, including annual survey, revisit, and complaint survey information for the past 45 months shall be provided.

~~14.15.~~ A summary of the Online Survey Certification and Reporting (OSCAR) data for each facility over the past 45 months. Such summary may include a score, rating, or comparison ranking with respect to other facilities based on the number of citations received by the facility of annual, revisit, and complaint surveys; the severity and scope of the citations; and the number of annual recertification surveys the facility has had during the past 45 months. The score, rating, or comparison ranking may be presented in either numeric or symbolic form for the intended consumer audience.

Section 17. Paragraph (c) of subsection (5) of section 400.235, Florida Statutes, is amended to read:

400.235 Nursing home quality and licensure status; Gold Seal Program.—

(5) Facilities must meet the following additional criteria for recognition as a Gold Seal Program facility:

(c) Participate ~~consistently in a the required~~ consumer satisfaction process ~~as prescribed by the agency~~, and demonstrate that information is elicited from residents, family members, and guardians about satisfaction with the nursing facility, its environment, the services and care provided, the staff's skills and interactions with residents, attention to resident's needs, and the facility's efforts to act on information gathered from the consumer satisfaction measures.

A facility assigned a conditional licensure status may not qualify for consideration for the Gold Seal Program until after it has operated for 30 months with no class I or class II deficiencies and has completed a regularly scheduled relicensure survey.

Section 18. Section 400.071, Florida Statutes, is amended to read:

400.071 Application for license.—

(1) An application for a license as required by s. 400.062 shall be made to the agency on forms furnished by it and shall be accompanied by the appropriate license fee.

(2) The application shall be under oath and shall contain the following:

(a) The name, address, and social security number of the applicant if an individual; if the applicant is a firm, partnership, or association, its name, address, and employer identification number (EIN), and the name and address of any controlling interest; and the name by which the facility is to be known.

(b) The name of any person whose name is required on the application under the provisions of paragraph (a) and who owns at least a 10-percent interest in any professional service, firm, association, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, and the name and address of the professional service, firm, association, partnership, or corporation in which such interest is held.

(c) The location of the facility for which a license is sought and an indication, as in the original application, that such location conforms to the local zoning ordinances.

(d) The name of the person or persons under whose management or supervision the facility will be conducted and the name of the administrator.

(e) A signed affidavit disclosing any financial or ownership interest that a person or entity described in paragraph (a) or paragraph (d) has held in the last 5 years in any entity licensed by this state or any other state to provide health or residential care which has closed voluntarily or involuntarily; has filed for bankruptcy; has had a receiver appointed; has had a license denied, suspended, or revoked; or has had an injunction issued against it which was initiated by a regulatory agency. The affidavit must disclose the reason any such entity was closed, whether voluntarily or involuntarily.

(f) The total number of beds and the total number of Medicare and Medicaid certified beds.

(g) Information relating to the number, experience, and training of the employees of the facility and of the moral character of the applicant and employees which the agency requires by rule, including the name and address of any nursing home with which the applicant or employees have been affiliated through ownership or employment within 5 years of the date of the application for a license and the record of any criminal convictions involving the applicant and any criminal convictions involving an employee if known by the applicant after inquiring of the employee. The applicant must demonstrate that sufficient numbers of qualified staff, by training or experience, will be employed to properly care for the type and number of residents who will reside in the facility.

(h) Copies of any civil verdict or judgment involving the applicant rendered within the 10 years preceding the application, relating to medical negligence, violation of residents' rights, or wrongful death. As a condition of licensure, the licensee agrees to provide to the agency copies of any new verdict or judgment involving the applicant, relating to such matters, within 30 days after filing with the clerk of the court. The information required in this paragraph shall be maintained in the facility's licensure file and in an agency database which is available as a public record.

(3) The applicant shall submit evidence which establishes the good moral character of the applicant, manager, supervisor, and administrator. No applicant, if the applicant is an individual; no member of a board of directors or officer of an applicant, if the applicant is a firm, partnership, association, or corporation; and no licensed nursing home administrator shall have been convicted, or found guilty, regardless of adjudication, of a crime in any jurisdiction which affects or may potentially affect residents in the facility.

(4) Each applicant for licensure must comply with the following requirements:

(a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this subsection, the term "applicant" means the facility administrator, or similarly titled individual who is responsible for the day-to-day operation of the licensed facility, and the facility financial officer, or similarly titled individual who is responsible for the financial operation of the licensed facility.

(b) The agency may require background screening for a member of the board of directors of the licensee or an officer or an individual owning 5 percent or more of the licensee if the agency has probable cause to believe that such individual has been convicted of an offense prohibited under the level 2 standards for screening set forth in chapter 435.

(c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this state is acceptable in fulfillment of paragraph (a). Proof of compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the Department of Insurance pursuant to chapter 651 as part of an application for a certificate of authority to operate a continuing care retirement community is acceptable in fulfillment of the Department of Law Enforcement and Federal Bureau of Investigation background check.

(d) A provisional license may be granted to an applicant when each individual required by this section to undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency has not yet received background screening results

from the Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been issued. A license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation; however, the person may not continue to serve if the report indicates any violation of background screening standards and a disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.

(e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of the Medicaid or Medicare programs shall be accepted in lieu of this submission.

(f) Each applicant must submit to the agency a description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement shall not apply to a director of a not-for-profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.

(g) An application for license renewal must contain the information required under paragraphs (e) and (f).

(5) The applicant shall furnish satisfactory proof of financial ability to operate and conduct the nursing home in accordance with the requirements of this part and all rules adopted under this part, and the agency shall establish standards for this purpose, including information reported under paragraph (2)(e). The agency also shall establish documentation requirements, to be completed by each applicant, that show anticipated facility revenues and expenditures, the basis for financing the anticipated cash-flow requirements of the facility, and an applicant's access to contingency financing.

(6) If the applicant offers continuing care agreements as defined in chapter 651, proof shall be furnished that such applicant has obtained a certificate of authority as required for operation under that chapter.

(7) As a condition of licensure, each licensee, except one offering continuing care agreements as defined in chapter 651, must agree to accept recipients of Title XIX of the Social Security Act on a temporary, emergency basis. The persons whom the agency may require such licensees to accept are those recipients of Title XIX of the Social Security Act who are residing in a facility in which existing conditions constitute an immediate danger to the health, safety, or security of the residents of the facility.

~~(8) As a condition of licensure, each facility must agree to participate in a consumer satisfaction measurement process as prescribed by the agency.~~

(8)(9) The agency may not issue a license to a nursing home that fails to receive a certificate of need under the provisions of ss. 408.031-408.045. It is the intent of the Legislature that, in reviewing a certificate-of-need application to add beds to an existing nursing home facility, preference be given to the application of a licensee who has been awarded a Gold Seal as provided for in s. 400.235, if the applicant otherwise meets the review criteria specified in s. 408.035.

(9)(10) The agency may develop an abbreviated survey for licensure renewal applicable to a licensee that has continuously operated as a nursing facility since 1991 or earlier, has operated under the same

management for at least the preceding 30 months, and has had during the preceding 30 months no class I or class II deficiencies.

(10)(11) The agency may issue an inactive license to a nursing home that will be temporarily unable to provide services but that is reasonably expected to resume services. Such designation may be made for a period not to exceed 12 months but may be renewed by the agency for up to 6 additional months. Any request by a licensee that a nursing home become inactive must be submitted to the agency and approved by the agency prior to initiating any suspension of service or notifying residents. Upon agency approval, the nursing home shall notify residents of any necessary discharge or transfer as provided in s. 400.0255.

(11)(12) As a condition of licensure, each facility must establish and submit with its application a plan for quality assurance and for conducting risk management.

Section 19. Paragraph (q) of subsection (2) of section 409.815, Florida Statutes, is amended to read:

409.815 Health benefits coverage; limitations.—

(2) BENCHMARK BENEFITS.—In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.

(q) Dental services.—Subject to a specific appropriation for this benefit, covered services include those dental services provided to children by the Florida Medicaid program under s. 409.906(5) ~~s. 409.906(6)~~.

Section 20. Paragraph (b) of subsection (4) of section 624.91, Florida Statutes, is amended to read:

624.91 The Florida Healthy Kids Corporation Act.—

(4) CORPORATION AUTHORIZATION, DUTIES, POWERS.—

(b) The Florida Healthy Kids Corporation shall phase in a program to:

1. Organize school children groups to facilitate the provision of comprehensive health insurance coverage to children;

2. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses;

3. Establish the administrative and accounting procedures for the operation of the corporation;

4. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children; provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians;

5. Establish eligibility criteria which children must meet in order to participate in the program;

6. Establish procedures under which applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation;

7. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or insurance administrator to provide administrative services to the corporation;

8. Establish enrollment criteria which shall include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums;

9. If a space is available, establish a special open enrollment period of 30 days' duration for any child who is enrolled in Medicaid or Medikids if such child loses Medicaid or Medikids eligibility and becomes eligible for the Florida Healthy Kids program;

10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The selection of health plans shall be based primarily on quality criteria established by the board. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded;

11. Develop and implement a plan to publicize the Florida Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program;

12. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation;

13. As appropriate, enter into contracts with local school boards or other agencies to provide onsite information, enrollment, and other services necessary to the operation of the corporation;

14. Provide a report on an annual basis to the Governor, Insurance Commissioner, Commissioner of Education, Senate President, Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives;

15. Each fiscal year, establish a maximum number of participants by county, on a statewide basis, who may enroll in the program without the benefit of local matching funds. Thereafter, the corporation may establish local matching requirements for supplemental participation in the program. The corporation may vary local matching requirements and enrollment by county depending on factors which may influence the generation of local match, including, but not limited to, population density, per capita income, existing local tax effort, and other factors. The corporation also may accept in-kind match in lieu of cash for the local match requirement to the extent allowed by Title XXI of the Social Security Act; ~~and~~

16. Establish eligibility criteria, premium and cost-sharing requirements, and benefit packages which conform to the provisions of the Florida Kidcare program, as created in ss. 409.810-409.820; *and*.

17. *Notwithstanding the requirements of subparagraph 15. to the contrary, establish a local matching requirement of \$0.00 for the Title XXI program in each county of the state for the 2001-2002 fiscal year. This subparagraph shall take effect upon becoming a law and shall operate retroactively to July 1, 2001. This subparagraph expires July 1, 2002.*

Section 21. Except as otherwise specifically provided in this act, this act shall take effect January 1, 2002.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to the Agency for Health Care Administration; repealing s. 409.904(11), F.S., which provides eligibility of specified persons for certain optional medical assistance; amending s. 409.904, F.S.; revising standards for eligibility for certain optional medical assistance; amending s. 409.906, F.S.; revising guidelines for payment for certain services; revising eligibility for certain Medicaid services; amending s. 409.9065, F.S.; prescribing enrollment levels with respect to pharmaceutical expense assistance; amending s. 409.907, F.S.; authorizing withholding of Medicaid payments in certain circumstances; prescribing additional requirements with respect to providers' submission of information; prescribing additional duties for the agency with respect to provider applications; amending s. 409.908, F.S.; providing temporary authorization for the agency to make special payments to designated Medicaid providers and use intergovernmental transfers for certain payments; revising pharmacy dispensing fees for Medicaid drugs; amending ss. 409.912, 409.9122, F.S.; providing for expanded home delivery of pharmacy products; revising provisions relating to choice counseling for recipients; defining the term "managed care plans"; amending s. 409.913, F.S.; prescribing additional sanctions that may be imposed

upon a Medicaid provider; eliminating a limit on costs that may be recovered against a provider; requiring disclosure of certain information before an administrative hearing; providing for withholding payments in cases of Medicaid abuse and in cases subject to administrative proceedings; prescribing agency procedures in cases of overpayment; providing venue for Medicaid overpayment cases; repealing s. 414.41(4), F.S., relating to agency procedures in cases of overpayment; repealing s. 400.0225, F.S., relating to consumer-satisfaction surveys; amending s. 400.179, F.S.; declaring liability for overpayment when a nursing facility is sold; amending s. 400.191, F.S.; eliminating a provision relating to consumer-satisfaction and family-satisfaction surveys; amending s. 400.235, F.S.; eliminating a provision relating to participation in the consumer-satisfaction process; amending s. 400.071, F.S.; eliminating a provision relating to participation in a consumer-satisfaction-measurement process; amending s. 409.815, F.S.; conforming a cross-reference; amending s. 624.91, F.S., relating to the Florida Healthy Kids Corporation Act; providing temporary authorization for the agency to revise a local matching requirement; providing effective dates.

On motion by Senator Silver, further consideration of **HB 29-C** with pending **Amendment 1 (334074)** was deferred.

SB 32-C—A bill to be entitled An act relating to vessel registration fees; amending s. 328.72, F.S.; specifying source of the county portion of vessel registration fees; providing for the return of certain vessel registration fees to the vessel owner's county of Florida residence; amending s. 328.76, F.S.; clarifying provisions relating to distribution and uses of funds in the Marine Resources Conservation Trust Fund; providing an effective date.

—was read the second time by title. On motion by Senator Clary, by two-thirds vote **SB 32-C** was read the third time by title and failed to pass. The vote was:

Yeas—16

Mr. President	Garcia	Sebesta
Brown-Waite	Lee	Villalobos
Carlton	Peaden	Webster
Clary	Pruitt	Wise
Constantine	Sanderson	
Diaz de la Portilla	Saunders	

Nays—22

Burt	Holzendorf	Mitchell
Campbell	Jones	Posey
Cowin	King	Rossin
Crist	Klein	Smith
Dawson	Latvala	Sullivan
Dyer	Lawson	Wasserman Schultz
Futch	Meek	
Geller	Miller	

Vote after roll call:

Yea to Nay—Brown-Waite

SB 30-C—A bill to be entitled An act relating to compensation of members of the Legislature; prescribing the salary rate for members; providing an expiration date and an effective date.

—was read the second time by title. On motion by Senator Carlton, by two-thirds vote **SB 30-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—34

Mr. President	Cowin	Jones
Brown-Waite	Crist	King
Burt	Diaz de la Portilla	Klein
Campbell	Dyer	Latvala
Carlton	Futch	Lawson
Clary	Garcia	Miller
Constantine	Geller	Mitchell

Peaden	Sebesta	Villalobos
Posey	Silver	Wasserman Schultz
Pruitt	Smith	Webster
Sanderson	Sullivan	Wise
Saunders		
Nays—4		
Dawson	Meek	Rossin
Holzendorf		

Vote after roll call:

Nay to Yea—Meek

SB 44-C—A bill to be entitled An act relating to the tax on intangible property; amending s. 199.185, F.S.; postponing the increase in exemptions under the tax on intangible property; authorizing the Department of Revenue to adopt emergency rules; providing an effective date.

—was read the second time by title. On motion by Senator Pruitt, by two-thirds vote **SB 44-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—36

Mr. President	Futch	Pruitt
Brown-Waite	Garcia	Rossin
Burt	Geller	Sanderson
Campbell	Holzendorf	Saunders
Carlton	King	Sebesta
Clary	Klein	Silver
Constantine	Lawson	Smith
Cowin	Lee	Sullivan
Crist	Miller	Villalobos
Dawson	Mitchell	Wasserman Schultz
Diaz de la Portilla	Peaden	Webster
Dyer	Posey	Wise

Nays—2

Jones

Vote after roll call:

Yea—Latvala

Nay to Yea—Jones

On motion by Senator Pruitt, by two-thirds vote **HB 27-C** was withdrawn from the Committee on Appropriations.

On motion by Senator Pruitt—

HB 27-C—A bill to be entitled An act relating to transfers to the General Revenue Fund from other funds; amending s. 216.222, F.S.; authorizing the Comptroller to use funds of the Budget Stabilization Fund to offset a projected deficit in the General Revenue Fund; providing conditions and requirements for such transfer of funds; providing for repayment of the amount transferred; authorizing use of the Budget Stabilization Fund to provide temporary transfers to the General Revenue Fund; amending s. 215.18, F.S., to conform; providing an effective date.

—a companion measure, was substituted for **SB 46-C** and read the second time by title. On motion by Senator Pruitt, by two-thirds vote **HB 27-C** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Constantine	Futch
Brown-Waite	Cowin	Garcia
Burt	Crist	Geller
Campbell	Dawson	Holzendorf
Carlton	Diaz de la Portilla	Jones
Clary	Dyer	King

Klein	Peaden	Silver
Latvala	Posey	Smith
Lawson	Pruitt	Sullivan
Lee	Rossin	Villalobos
Meek	Sanderson	Wasserman Schultz
Miller	Saunders	Webster
Mitchell	Sebesta	Wise
Nays—None		

RECONSIDERATION OF BILL

On motion by Senator King, the Senate reconsidered the vote by which—

SB 32-C—A bill to be entitled An act relating to vessel registration fees; amending s. 328.72, F.S.; specifying source of the county portion of vessel registration fees; providing for the return of certain vessel registration fees to the vessel owner's county of Florida residence; amending s. 328.76, F.S.; clarifying provisions relating to distribution and uses of funds in the Marine Resources Conservation Trust Fund; providing an effective date.

—failed to pass this day. The vote was:

Yeas—20

Mr. President	King	Saunders
Carlton	Lawson	Sebesta
Clary	Lee	Smith
Constantine	Peaden	Villalobos
Cowin	Posey	Webster
Crist	Pruitt	Wise
Garcia	Sanderson	

Nays—15

Campbell	Holzendorf	Miller
Dawson	Jones	Mitchell
Dyer	Klein	Rossin
Futch	Latvala	Sullivan
Geller	Meek	Wasserman Schultz

MOTION

On motion by Senator Posey, the following remarks were ordered spread upon the Journal:

Senator Posey: For purposes of legislative intent, is it the intent that any of the subject fees be allowed to be used for legal fees against law-abiding citizens and businesses of this state?

Senator Clary: No.

On motion by Senator Clary, **SB 32-C** was passed and certified to the House. The vote on passage was:

Yeas—30

Mr. President	Futch	Posey
Brown-Waite	Garcia	Pruitt
Burt	Geller	Sanderson
Campbell	Jones	Sebesta
Carlton	King	Silver
Clary	Latvala	Smith
Constantine	Lawson	Sullivan
Cowin	Lee	Villalobos
Crist	Meek	Webster
Dyer	Peaden	Wise

Nays—7

Dawson	Miller	Rossin
Holzendorf	Mitchell	Wasserman Schultz
Klein		

Vote after roll call:

Yea—Saunders

The Senate resumed consideration of—

HB 29-C—A bill to be entitled An act relating to health care; amending ss. 409.903 and 409.904, F.S.; revising eligibility categories for optional Medicaid services; amending s. 409.906, F.S.; eliminating Medicaid coverage for adult denture services; limiting coverage for hearing and visual services to children under age 21; authorizing the Agency for Health Care Administration to use mail order pharmacies for drugs prescribed for a Medicaid recipient; amending s. 409.9065, F.S.; revising eligibility for the pharmaceutical expense assistance program; limiting program enrollment levels and authorizing the agency to develop a waiting list; amending s. 409.907, F.S.; authorizing the agency to withhold payments to a Medicaid provider that the agency is investigating for fraud or abuse; providing for inspections and submission of background information as a condition of initial and renewal applications for provider participation in the Medicaid program; clarifying timeframe for enrollment of providers; providing additional considerations for denial of a provider application; amending s. 409.908, F.S.; revising pharmacy provider dispensing fees for products on the preferred drug list and those not so listed; amending ss. 409.912 and 409.9122, F.S.; eliminating requirement that the agency provide enrollment choice counseling to certain Medicaid recipients; amending s. 409.913, F.S.; specifying additional sanctions which may be imposed by the agency against a Medicaid provider; removing a limitation on certain costs the agency is entitled to recover for provider violations; amending s. 409.915, F.S.; increasing county Medicaid contributions for certain inpatient hospitalization and nursing home and intermediate facilities care; amending ss. 400.071, 400.191, 400.23, 400.235, 409.8132, and 409.815, F.S.; removing references to Medicaid enrollment choice counseling and to nursing facility consumer satisfaction surveys, to conform to the act; correcting cross references; providing that the act fulfills an important state interest; repealing s. 400.0225, F.S., relating to nursing facility consumer satisfaction surveys; repealing s. 400.148, F.S., relating to the Medicaid “Up or Out” Quality of Care Contract Management Program; repealing ss. 464.0195, 464.0196, and 464.0197, F.S., relating to establishment, operation, and funding of the Florida Center for Nursing; providing effective dates.

—which was previously considered this day. Pending **Amendment 1 (334074)** by Senator Silver was adopted.

On motion by Senator Silver, by two-thirds vote **HB 29-C** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—22

Mr. President	Garcia	Sanderson
Brown-Waite	Geller	Saunders
Carlton	King	Sebesta
Clary	Lee	Sullivan
Constantine	Meek	Villalobos
Cowin	Peaden	Wise
Crist	Posey	
Futch	Pruitt	

Nays—13

Campbell	Dyer	Jones
Dawson	Holzenдорф	Klein

Latvala
Lawson
Miller

Mitchell
Rossin

Smith
Wasserman Schultz

Vote after roll call:

Yea—Silver

INTRODUCTION AND REFERENCE OF BILLS

FIRST READING

Motion

On motion by Senator Wasserman Schultz, by the required constitutional two-thirds vote of the membership the following bill was admitted for introduction outside the purview of the Governor's call:

By Senator Wasserman Schultz—

SB 82-C—A bill to be entitled An act relating to economic recovery; providing legislative intent; providing criteria, requirements, and limitations on certain training; providing for power and authority of the Agency for Workforce Innovation; providing requirements for expenditure of certain funds; amending s. 443.036, F.S.; providing a definition and an application of an alternative base period; providing requirements and limitations; specifying, for a limited time period, alternative time periods and amounts of certain payments, an increase in weekly benefit amounts, and waiver of a waiting period for certain individuals for unemployment compensation purposes; providing an effective date.

—was referred to the Committees on Commerce and Economic Opportunities; and Appropriations.

By Senator Pruitt—

SB 80-C—A bill to be entitled An act relating to the tax on intangible property; amending s. 199.185, F.S.; postponing the increase in exemptions under the tax on intangible property; authorizing the Department of Revenue to adopt emergency rules; providing an effective date.

—was referred to the Committee on Finance and Taxation.

CORRECTION AND APPROVAL OF JOURNAL

The Journal of November 30 was corrected and approved.

CO-SPONSORS

Senators Futch—SB 10-C; Geller—SB 44-C; Sanderson—SB 46-C

RECESS

On motion by Senator Lee, the Senate recessed at 6:06 p.m. for the purpose of holding committee meetings and conducting other Senate business to reconvene at 10:00 a.m., Thursday, December 6 or upon call of the President.